

## TUBERCULOSIS CONTACT INVESTIGATION FORM

Source Case: \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Hawk # \_\_\_\_\_

Smear Positive 9 Yes 9 No

Productive Cough 9 Yes 9 No, If yes, onset date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Pulmonary or Cavitary Disease 9 Yes 9 No Laryngeal TB 9 Yes 9 No

Extrapulmonary TB 9 Yes 9 No Site \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Date of Interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Agency: \_\_\_\_\_

Referred from: \_\_\_\_\_

### Name Information of the person exposed

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ (If this person is less than 5 years of age, chemotherapy may need to be initiated promptly)

Sex: 9 Male 9 Female

Occupation \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Evening Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

### Contacting Information

Parent/Guardian/Other

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Day Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

Evening Phone (\_\_\_\_\_) \_\_\_\_\_ Ext. \_\_\_\_\_

### Latest Address Information

Address 1 \_\_\_\_\_

Address 2 \_\_\_\_\_

Zip Code \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_

Race \_\_\_\_ American Indian or Alaskan Native \_\_\_\_ Native Hawaiian or Other Pacific Islander

\_\_\_\_ Asian \_\_\_\_ Race, not otherwise specified

\_\_\_\_ Black or African American \_\_\_\_ White

Ethnicity \_\_\_\_ Ethnicity not otherwise specified

\_\_\_\_ Hispanic or Latino

\_\_\_\_ Not Hispanic or Latino

### Type of Contact

☐ Household

☐ Other \_\_\_\_\_

### Risk Status

☐ Close

☐ Casual

Client's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

**Status of Patient Notification**

\_\_\_\_ All attempts to notify were unsuccessful  
\_\_\_\_ Left jurisdiction, information forwarded  
\_\_\_\_ Left jurisdiction, new address unknown  
\_\_\_\_ Notice by phone or in person by Local Health Department

\_\_\_\_ Notice mailed by Local Health Department  
\_\_\_\_ Notice mailed by Private MD  
\_\_\_\_ Notified by phone or in person by private MD  
\_\_\_\_ Notified by source case or other contact  
\_\_\_\_ Reported self to local health department

**Evaluation by**

\_\_\_\_ Local Health Department  
\_\_\_\_ No evaluation to date

\_\_\_\_ Other \_\_\_\_\_  
\_\_\_\_ Private Physician's office

**Evaluation Status**

\_\_\_\_ Evaluation completed  
\_\_\_\_ Evaluation in progress  
\_\_\_\_ Evaluation initiated, never completed, chart closed  
\_\_\_\_ Evaluation not initiated, no response by patient

\_\_\_\_ Evaluation not initiated, patient refused  
\_\_\_\_ Evaluation not initiated, unable to locate  
\_\_\_\_ No evaluation required for this disease

**Infection/Disease Status**

\_\_\_\_ Disease confirmed  
\_\_\_\_ Infection confirmed

\_\_\_\_ Not infected/diseased to date  
\_\_\_\_ Status can not be determined

**Prophylactic treatment or Post-exposure Prophylaxis Status (PT/PEP)**

\_\_\_\_ No PT/PEP to date  
\_\_\_\_ Not applicable  
\_\_\_\_ PT/PEP completed  
\_\_\_\_ PT/PEP Rx'd and treatment continues  
\_\_\_\_ PT/PEP Rx'd discontinued by physician  
\_\_\_\_ PT/PEP Rx'd discontinued, pregnancy

\_\_\_\_ PT/PEP Rx'd, discontinued, adverse reaction to medications  
\_\_\_\_ PT/PEP Rx'd, discontinued, patient non-compliance  
\_\_\_\_ PT/PEP Rx'd, patient died during treatment  
\_\_\_\_ PT/PEP Rx'd, patient moved during treatment  
\_\_\_\_ PT/PEP Rx'd, patient refused treatment

**First TB Skin Test**

Date Planted \_\_\_\_\_ Date Read \_\_\_\_\_ MM \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

**10-12 weeks TB Skin Test**

Date Planted \_\_\_\_\_ Date Read \_\_\_\_\_ MM \_\_\_\_\_  
\_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_\_

**Other Comments:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_